

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN657HOS1	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2009
NAME OF PROVIDER OR SUPPLIER RENOWN REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 555 GOULD ST RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 22046 This Statement of Deficiencies was generated as a result of a State licensure complaint investigation conducted in your facility on 8/19/09 and finalized on 10/14/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00022837 was partially substantiated with a deficiency cited. See Tag S 300.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 300 SS=G	<p>NAC 449.3622 Appropriate Care of Patient</p> <p>1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.</p>	S 300		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 300	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Surveyor: 22046 Based on record review, policy review and staff interview, the facility failed to ensure that staff at the off site wound care clinic ensured that the physician was aware of a change in condition of a wound and the facility failed to ensure that dressing changes were done as ordered when admitted to the facility for rehabilitation for 1 of 3 patients (Patient #1).</p> <p>Findings include:</p> <p>Patient #1's start of care date at the wound care clinic was 3/26/09. He was admitted with diagnoses that included a right leg bypass graft and right groin and right lower extremity wounds.</p> <p>Record review revealed Patient #1 was discharged from the hospital on 3/24/09. A hospital discharge summary written on 3/24/09, revealed the patient's "wounds were healing well with excellent granulation tissues and no evidence of graft exposure." Review of a form titled "____Wound & Ostomy Center Initial Evaluation" dated 3/28/09, revealed no evidence of graft exposure within the right lower leg wound.</p> <p>Review of Patient #1's records revealed he had multiple non healing incision wounds on his lower right leg. No evidence of graft exposure of the patient's right leg wounds was identified in the patient's progress notes. Review of the patient's "All Flowsheet Data" revealed that, on 4/6/09, Physical Therapy Assistant #1 wrote "adapic over vessel" beside the dressing comments area for the wound. On 4/8/09, the wound data flow</p>	S 300		

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S 300	<p>Continued From page 2</p> <p>sheet revealed no mention of an exposed vessel or graft. The flow sheet revealed that the patient's VAC dressing was removed for a VAC break due to skin breakdown. On 4/8/09, Patient #1 was transferred to an acute care facility for surgery to repair the ruptured vessel.</p> <p>On 10/1/09, the patient's physician was interviewed. He reported the Wound and Ostomy Center never notified him of Patient #1's exposed graft within the wound. He stated he learned that the graft was exposed within the wound after it had ruptured and the patient required hospitalization and surgery to stop the bleeding. The physician reported that the exposed graft put the patient at high risk for rupture and bleeding. He stated that if he had been informed the graft's exposure he would have performed surgery on the patient to prevent rupture.</p> <p>On 10/12/09, Physical Therapy Assistant #1 was interviewed. She reported that she cared for Patient #1's wounds on 4/6/09. She reported that she placed Adaptic on the vessel (graft) wound "because it looked a little compromised." She said the area was not pulsating. She reported the vessel was initially covered in slough and that the wound slowly started to show a darkened area where the vessel was. She reported there was still slough covering the vessel when she put the Adaptic on it. She reported she did not call the physician to alert him to the vessel since she believed he saw the condition of the wound on 3/31/09.</p> <p>On 10/13/09, Physical Therapist #2 was interviewed. She reported that she saw Patient #1's wounds on 4/2/09 and 4/4/09. She reported that wound contained an area of slough that was rounded in shape and yellow. She said the</p>	S 300			

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S 300	<p>Continued From page 3</p> <p>slough did not look right, but the vessel (graft) could not be seen and no pulse was detected. She believed the physician was aware of the wound's appearance from his 3/31/09 examination of the wound. She reported that she was suspicious that a vessel might be present under the slough.</p> <p>On 10/13/09. Physical Therapist #1 was interviewed. She reported that she observed that the wound contained an exposed pulsating vessel (graft) on 4/8/09. She reported that she did not call the physician since she believed he was aware of the vessel's exposure. She believed the exposed pulsating vessel was present for several treatments, but was unable to provide evidence of her claim.</p> <p>Review of Renown Regional Medical Center Policy and Procedure entitled "Wound Care" current version effective date 9/2/09 revealed that physicians were to be notified of vascular compromise.</p> <p>Review of the record and staff interview at the inpatient rehabilitation facility failed to reveal evidence that dressing changes were done three times a day on 6/12/09, 6/13/09, 6/15/09 and 6/16/09 in accordance with the physician's order for Patient #1.</p> <p>Severity: 3 Scope: 1</p>	S 300			

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